

Burn Patient Survey – COVID-19

We are looking at the impact of the COVID-19 pandemic on our burns service. We would be very grateful if you could complete this confidential survey to help us understand the impact of the current situation on burn care.

How did you sustain your burn:

Was this related to:

Treatment for COVID symptoms	Yes	No
Prevention of COVID symptoms	Yes	No

If yes where did you receive this advice?

- ☐ Family/Friend
- ☐ Google Search
- ☐ News website/radio
- ☐ Social Media
- ☐ Other. Please specify

Did you delay seeking medical attention? Yes No

What was the reason for this delay?

- ☐ Isolating due to COVID-19 symptoms
- ☐ Concern about catching COVID-19
- ☐ Concern hospital resources

☐ Difficulty in getting to hospital

☐ Did not think burn required medical attention

☐ Other. Please specify.....

Is your burn infected today?

Yes

No

What would be your preferred method of follow-up following this appointment?

☐ Clinic follow-up for all dressing changes

☐ Change dressings at home with weekly visits to the unit

☐ Manage all dressings at home and email the unit with images for advice

☐ Manage dressings at home with scheduled ZOOM meetings for advice

Thank you